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Bib Data Sheet

|  |   |                               |   |                                    |
|--|---|-------------------------------|---|------------------------------------|
| <b>SERIAL NUMBER</b><br>09/648,672   | <b>FILING DATE</b><br>08/23/2000<br><b>RULE</b> -   | <b>CLASS</b><br>359           | <b>GROUP ART UNIT</b><br>2633   | <b>ATTORNEY DOCKET NO.</b><br>5036 |
| <b>APPLICANTS</b><br>Stewart Kevin Hester, Belmont, CA ;<br>Todd Beine, Los Gatos, CA ;<br>Rainer Robert Irasehko, Sunnyvale, CA ;<br>Kent Wilfred George Ryhorchuk, Sunnyvale, CA ;   |   |                               |   |                                    |
| <b>** CONTINUING DATA *****</b><br>THIS APPLN CLAIMS BENEFIT OF 60/152,138 08/24/1999  |   |                               |   |                                    |
| <b>** FOREIGN APPLICATIONS *****</b>   |   |                               |   |                                    |
| <b>IF REQUIRED, FOREIGN FILING LICENSE</b><br>GRANTED ** 10/19/2000  |   |                               |   |                                    |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>CA | <b>SHEETS DRAWING</b><br>13   | <b>TOTAL CLAIMS</b><br>36          |
| <b>INDEPENDENT CLAIMS</b><br>13  |   |                               |   |                                    |
| <b>ADDRESS</b><br>Edward A Van Gleson<br>Fenwick & West L L P<br>Two Palo Alto Square<br>Palo Alto, CA 94306   |   |                               |   |                                    |
| <b>TITLE</b><br>Fault detection and isolation in an optical network  |   |                               |   |                                    |
| <b>FILING FEE RECEIVED</b><br>879  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                    |